Provider Type 16 Intermediate Care Facility for the Mentally Retarded (Public) Reimbursement Rates

Updated: Noviembre 10, 2010

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Prov ID	Provider Name	Rate
001602999	NV ST DV MH/DS DESERT DEV CENTER	589.40
001616999	NV ST DV MH/DS SIERRA DEV CENTER	731.54